

MCAC ELIGIBILITY AND ENROLLMENT (E&E) SUBCOMMITTEE MEETING



January 19, 2022

Agenda

- **3:00 – 3:10 Welcome, Introductions, and Ground Rules:**
 - *Eric Scharf, MCAC, E&E Subcommittee Chair; DC Advocacy Chair, Depression and Bipolar Support Alliance, National Capital Area Chapter;*
 - *Taylor Woods, Staff Lead, E&E Subcommittee; Special Projects Officer, Health Care Policy and Research Administration (HCPRA), Department of Health Care Finance (DHCF)*
- **3:10 – 4:00 DHCF Updates:**
 - Update on Planning Eligibility Restart Efforts In Preparation for the End of the Federal Public Health Emergency (*Danielle Lewis Wright, Associate Director, Division of Eligibility Policy (DEP), HCPRA, DHCF*)
 - District Direct Update (*Tamika Fitzgerald, Director, DCAS Administration, DHCF*)
- **4:00– 4:15 Open Forum: Suggestion of Topics for 2022: All Attendees**
- **4:15– 4:25 DHCF Enrollment Report Update/Status:** *April Grady, Associate Director, Division of Analytics and Policy Research, HCPRA, DHCF*
- **4:25 – 4:30 Next Steps:** *Taylor Woods, Special Projects Officer, HCPRA*
- **4:30 Adjourn**

Update on Planning Restart for the End of the Federal Public Health Emergency (PHE)

Danielle Lewis-Wright, Associate Director, Division of Eligibility Policy, Health Care Policy and Research Administration, DHCF

Planning for Unwinding of PHE

- Transition So Far
 - Transition and CIC Planning and Implementation
- DC Unwinding of Federal PHE and workgroups
 - Policy and Procedures Workgroup
 - System and Notices Workgroup
 - Communication and Outreach Group

Restart So Far: Foster Care Implementation and CIC Planning



- **Phase 1:** To date, DEP has worked with CFSA, ESA, and DCAS to implement Phase 1 of Foster Care transitions that began mid-November 2021. This includes individuals who have aged out of Foster Care and need to transition to Former Foster Care.
- **Phase 2:** Planning for Transitions will focus on Childless Adults and CHIP Age out transitions and acting on changes in circumstances (CIC)
 - Beneficiary Reported: change reported by beneficiary in person, online, or by mail.
 - System known changes- age transitions, Medicare eligibility for Childless Adults
 - Continuous eligibility is still required during the federal PHE
 - Transition may occur during the PHE as long as eligibility is not terminated.

Unwinding PHE Efforts Workgroups



- **Most Work is Being Done in 3 Internal Workgroups**
 - Policy and Procedures
 - System and Notices
 - Communication and Outreach
- **Policy and Procedures Workgroup**
 - Review CMS guidance, best practices, and develop recommendations
 - Develop Policy and Procedures Document
 - Prepare updated Verification Plan for submission to CMS
 - Draft restart Operational Plan for submission to CMS
 - Update Internal and External Transmittals and FAQs
- **Work Currently in Progress and Recommendations**
 - Interagency Discussions, developing recommendations and policy needs for Unwinding, efforts still awaiting additional guidance from CMS
 - Discussed Risk Based Approach-Recommendation: Hybrid Approach
 - Review of options to streamline eligibility verification options

Restart Prioritization

Description of Planned State Strategy: <i>Check the overall risk-based approach the state is using to prioritize action on its COVID-related pending eligibility and enrollment actions</i>
<input type="checkbox"/> <i>Population-based approach:</i> State is prioritizing completing outstanding eligibility and enrollment actions for individuals in groups who are most likely to be no longer eligible.
<input type="checkbox"/> <i>Time-based approach:</i> State is prioritizing cases based on length of time the action has been pending, such that the state completes oldest pending actions first.
<input type="checkbox"/> <i>Hybrid approach:</i> State is prioritizing using both a population-based and time-based approach. <i>(Ex. adopting a time-based approach for pending post-enrollment verifications and changes in circumstances and a population-based approach for renewals; adopting a population-based approach to prioritize certain cases and switching to a time-based approach to prioritize completion of all pending actions after).</i>
<input type="checkbox"/> <i>State-developed approach:</i> State is developing its own approach to prioritize outstanding eligibility and enrollment actions based on cases for individuals who are most likely to be no longer eligible: <i>Enter description</i>

Recommendation: Hybrid Approach, with renewals spread over 12 months

System and Notices Workgroup

- Coordinate and identify any needed changes with DCAS to assure system resumes eligibility business operations post the PHE.
- Prepare to restart passive renewals and send notices and renewals forms for non-passive renewals.
- Ensure individuals can submit applications and renewals online, telephonically, by mail, in person, or other commonly used electronic resources
- Identify and update all required notices for post-PHE
- Resume verifications

Communication and Outreach Workgroup



- Identify key stakeholder groups for targeted outreach efforts
- Leverage resources from CMS guidance and All State calls/meetings
- Develop and coordinate outreach efforts to beneficiaries, MCOs, providers, pharmacists, and advocate community, D.C. Primary Care Association, DC Hospital Association.
- Develop needed communications
- Coordinate with HCDMA to develop a process for MCOs and enrollment broker to report updated address changes received from beneficiaries.

District Direct Overview

Tamika Fitzgerald, Deputy Director, DCAS Administration, DHCF

DISTRICT DIRECT OVERVIEW

Tamika Fitzgerald, MPA
Associate Director
DCAS Administration, DHCF



Welcome! During today's session, we will cover:

- Part 1. *What is District Direct?* We will review the District's vision when it established this project, the technology behind District Direct, and how it works for our residents and caseworkers.
- Part 2. *The History of District Direct* (formerly known as DCAS). In this segment of the presentation, we will look at how District Direct was developed and its programs.
- Part 3. *The Future of District Direct*. Here, we will review how District Direct will be fully integrated into the city's framework, including how it aligns with Mayor Bowser's priorities and DHCF's 5-year Medicaid Reform project.

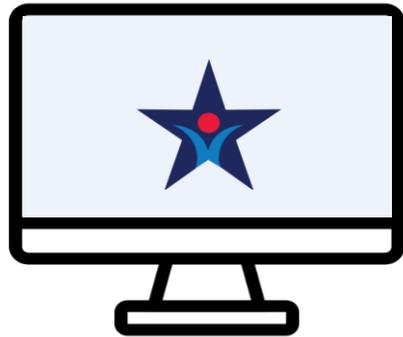


What is District Direct?

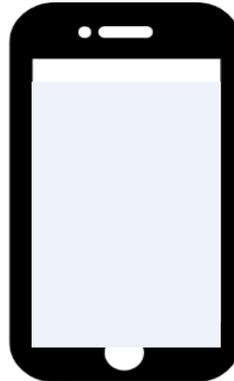


What is District Direct?

- District Direct is the District's new online and mobile platform with an integrated, enhanced application that provides residents with efficient and effective access to Medicaid, the Supplemental Nutrition Assistance Program (SNAP); the Temporary Assistance for Needy Families Program, (TANF), and the Alliance and Immigrants Children's Program.



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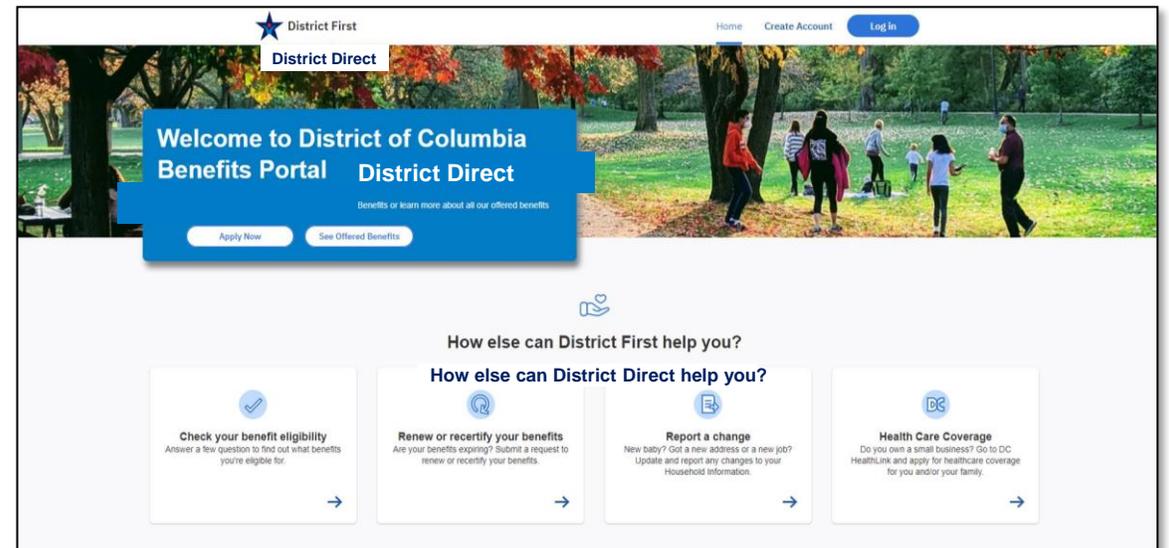
- The District's Vision for District Direct

- District Direct is the final phase of the District's implementation of the Patient Protection Affordable Care Act (Federal Act approved in 2013). The Act provided new rights and responsibilities for the health care of individuals and families, regardless of income. States were encouraged to streamline their health and human services systems and processes by establishing new eligibility systems like District Direct.
- The goal of District Direct mirrors the goals of the ACA: to ensure District residents are connected to the tools and services that can enable them to live healthier, productive lives.

How it Works

District Direct's Online and Mobile App are a one stop shop entry points that put power into the hands of our residents to apply for and manage their benefits at their convenience. Customers are now able to:

- **Connect to their existing accounts** to see active cases or in progress tasks, such as needing to submit verification documents or recertify
- **Submit applications** for food, cash, and medical benefits
- **Recertify** for the benefits
- Provide **changes of circumstances**, as needed
- View a **personalized dashboard** with required tasks, status, cases, and more available (must have a connected account)
- **Manage and view their benefits** (e.g., active cases, payment details, EBT card balances)
- View **electronic notices** (paper notices will still be sent)
- Review **frequently asked questions (FAQs)** and **contact details** for the agencies



Customer Technology Comparison

What is the difference between District Direct, DC Health Link, and the BSA Portal?



FORMER STATE

DISTRICT DIRECT	DC HEALTH LINK	Benefits PORTAL
Customers use the District Direct mobile app to apply and manage their food, cash, and medical benefits (Non-MAGI)	Customers use DC Health Link to apply for Medicaid and search for insurance options for themselves or their employees (small businesses)	Customers use the BSA Portal to apply, recertify, submit changes of circumstance, and other forms for food, cash, and medical (Non-MAGI) benefits



CURRENT STATE

DISTRICT DIRECT	DC HEALTH LINK
Customers will come to the District Direct Online or Mobile App to apply and manage their food, cash, and medical benefits (MAGI and Non-MAGI)	Customers will come to DC Health Link to search for insurance options for themselves or their employees (small businesses) if they do not need any financial assistance

How it Helps Residents and Caseworkers

The following **District Direct** features **positively impact residents and caseworkers** by increasing accuracy and decreasing time consuming manual efforts

Category	Program(s)	Current Business Process	District Direct Process	Effort Saved
Remote Access	All cases	Residents must make a trip into a service center or call the call center and wait in a queue to manage and apply for their benefits	District Direct allows customers to manage and apply for their benefits from wherever they please	This saves residents time and effort by allowing them self service capabilities from their homes. This also saves time waiting in lines or on hold.
Electronic Notices	All cases	Customers receive a notice in the mail of any updates to their eligibility status, verifications due, or upcoming recerts/renewals	Electronic / push notifications are sent to the resident in real time	This makes customers immediately aware of any action required, allowing them more time to submit the required materials and maintain eligibility. Additionally, allows individuals without a permanent address to receive their notifications in a timely manner.
Electronic Submission of Verification Documents	All cases	Customers must mail in photocopies or visit a service center in order to submit verification documents	Customers can use their phone camera to immediately submit required verification documents	This saves residents time and effort by removing the need for copying, printing, or mailing hard copies of their verification documents
Managing Benefits/ FAQs	All Cases	Customers must call in or visit a service center to ask very common questions like their case status, EBT balance, request a medical card replacement, etc.	Customers can view all their information right from the dashboard of their District Direct account	This saves time calling or visiting a service center for easily answered questions that residents have access to within seconds on District Direct.

Applications Submitted (1/12)

Channel	WEEK: 11/15-11/20	WEEK: 11/21-11/27	WEEK: 11/28-12/4	WEEK: 12/5-12/11	WEEK: 12/12-12/18	WEEK: 12/19-12/25	WEEK: 12/26-1/1	WEEK: 1/2-1/8	Total:
Mobile	1517	492	912	637	657	523	617	696	6051
Online Application	1694	1011	1744	1561	1756	1260	1367	1429	11822
Total	3211	1503	2656	2198	2413	1783	1984	2125	17873

Mobile Downloads (1/10/22)	
Android	31,693
iOS	48,062

Note: Numbers reflected are totals for Medicaid, Alliance, ICP, Cash and Food programs.

Open Forum: Suggestions for Topics in 2022

Eric Scharf, Eligibility and Enrollment Subcommittee Chair

Monthly Enrollment Report Update

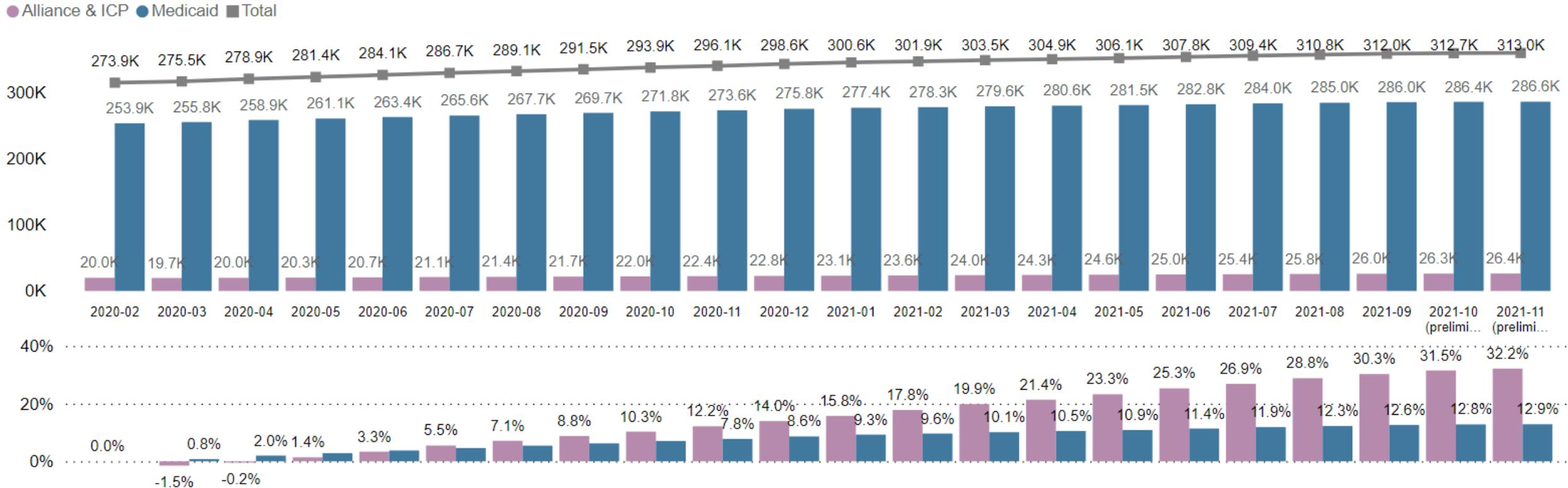
April Grady, Director, Analytics and Policy Research Administration, DHCF

Update on Enrollment Through November 2021

DHCF enrollment for December was **312,979**

- **Medicaid** (286,559) has grown by **12.9%** since February 2020 (prior to the federal public health emergency)
- **Alliance** (22,172) and **ICP** (4,248) combined have grown by **32.2%** since February 2020
- Monthly reports with additional detail are on the DHCF website: <https://dhcf.dc.gov/node/1180991>

Number Enrolled and Percentage Change in Enrollment Since February 2020 by Program



Questions and Comments